



DEPARTMENT OF THE TREASURY
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX
FILED

2017 MAR -1 P 3:52

Plaintiff UNITED STATES OF AMERICA		Court Case Number DEPUTY CLERK 3:15-CR-68-K	
Defendant DEWAYNE MICHAEL COTTEN		Type of Process PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE A Heritage, Model Rough Rider, .22 caliber revolver, SN 155284 (15-ICE-000664) A Taurus, Model PT738, .380 caliber pistol, SN 41493D (15-ICE-000665) Ammo and magazines (15-ICE-000666)		
	ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		NUMBER OF PROCESS TO BE SERVED IN THIS CASE	1
Mark J. Tindall, AUSA 1100 Commerce Street, Suite 300 Dallas, TX 75242		NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
		CHECK BOX IF SERVICE IS ON USA	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service) Pursuant to the Preliminary Order of Forfeiture filed January 17, 2017 seize the property listed above and hold it in secure custody and control pending a Final Order of Forfeiture.			
Signature of Attorney or other Originator requesting service on behalf of <i>/s/ Mark J. Tindall</i> by T Naumann		Telephone No. 214-659-8600	Date 1/25/17
		(<input checked="" type="checkbox"/>) Plaintiff	() Defendant
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number of process indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i> DATE 2/28/17
I HEREBY CERTIFY AND RETURN THAT I <input checked="" type="checkbox"/> PERSONALLY SERVED <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS" THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE			
NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of above	
ADDRESS: (Complete only if different than shown above)		DATE OF SERVICE 2/28/17	TIME OF SERVICE <input type="checkbox"/> AM <input type="checkbox"/> PM
		SIGNATURE, TITLE AND TREASURY AGENCY <i>[Signature]</i> SPS HSI	
REMARKS: Taken into Custody 2/28/17 2017-5501-000189-01			